Distribution Patterns and Trends

An estimated 300 million people of all ages and ethnic backgrounds around the world have asthma. According to the World Health Organization (WHO) the occurrence of asthma has increased in all countries as the same rate as allergies. Approximately 70% of those with asthma have allergies (AAAAI.org, 2010).Due to the increase in urban areas it is projected there is a potential for an increase in the amount of asthma sufferers by100 million by the year 2025. Out of the 300 million asthma sufferers 250,000 die yearly. The rate of death is not connected to the prevalence of asthma. Instead it is related to higher rates of death in countries associated with lower access to treatment. Thus, many of these deaths are preventable and are a direct result of a lack of quality long-term treatment and delays of treatment for final attacks (WHO, 2007).

It is difficult to measure the severity of asthma through hospitalization in low and middle income countries. However, in countries where asthma management plans have been enforced hospitalization rates have dropped. Severe asthma is usually found in poor people and minorities. Economically speaking the cost of asthma is not only related to medical costs such as hospital visits and drugs but also to personal costs such as time lost from work and premature death. Promisingly, asthma management programs are proving to lead to a lower rate of death and hospitalizations (WHO, 2007).

In the US an estimated 34.1 million Americans have been diagnosed with asthma. It has been reported that 3,384 people died of asthma in the US in 2005, and more than 12 million people reported having an asthma attack in the past year. Asthma cost the US a total of $19.7 billion. Out of those costs $14.7 billion are direct costs and $5 billion are indirect costs relating to a loss of productivity. One of the direct costs, prescription drugs, is responsible for $6 billion dollars alone.

References

World Health Organization (WHO). Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach, 2007.